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(412) 255-0200

1401/6070
REF NO.

February 24, 2006

James Senyo
Deputy Warden of Security
Erie County Prison
1618 Ash Street
Erie, PA 16503

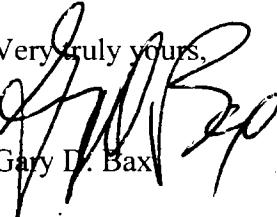
Re: Shurney v. Scott Enterprises, Inc. et al.
No. CA 05-196 Erie

Dear Deputy Warden Senyo:

I represent Scott's Splash Lagoon, Inc., a defendant in the above-referenced civil rights lawsuit filed in United States District Court for the Western District of Pennsylvania. The lawsuit claims that Plaintiff Tanielle Shurney's civil rights were violated as a result of her July 3, 2004 arrest, and subsequent confinement in the Erie County Prison.

Enclosed please find a Subpoena in a Civil Case issued by the United States District Court for the Western District of Pennsylvania, which requests the Erie County Prison's production of the documents noted thereon. The Subpoena requests that you produce the documents by March 10, 2006. Please mail or deliver the documents to my office. Please let me know if there is any reasonable photocopy charge for copying of the documents.

Thank you again for your anticipated cooperation in this important matter.

Very truly yours,

Gary D. Bax

GDB:pac
Enclosure

cc: Gerald J. Hutton, Esq.
Susan H. Malone, Esq.
A. J. Adams, Esq.

**Issued by the
UNITED STATES DISTRICT COURT**

WESTERN**DISTRICT OF****PENNSYLVANIA**

TANIELLE SHURNEY,
Plaintiff

v.

SCOTT'S ECONO INN, INC., SCOTT'S
SPLASH LAGOON, INC., SEAN PIERCE
individually and in his capacity as
a Trooper of the PSP, et al. Defendants

SUBPOENA IN A CIVIL CASE

CASE NUMBER: CA 05-196 Erie

TO: James Senyo, Deputy Warden of Security
Erie County Prison

YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): all documents and records relating to the confinement of Tanielle Shurney (date of arrest 7/3/04) including property inventory, medical records, intake records, release/discharge records, and any other documents.

PLACE	Murphy Taylor, L.L.C. 900 State Street, Suite 202 Erie, PA 16501	DATE AND TIME
		3/10/06 5:00 p.m.

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

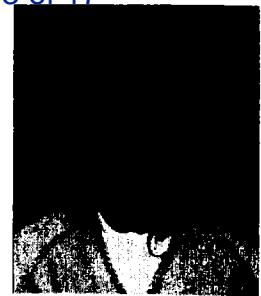
ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Gary D. Bax, Esq. Murphy Taylor, L.L.C., 900 State Street, Suite 202 Erie, PA 16501	2/24/06

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Erie County Prison
Inmate Commitment Summary Report

Today's Date: 7/3/2004

Booking #	2004-29310	FBI #:	
Master ID#:	21758	State ID #:	
Property #:		Officer ID #:	MADURDKI DAVID



FULL NAME: SHURNEY, TANIELLE LATRICE **Birth Date:** 04/12/1972
Line 1: 13411 6TH AVE **Age:** 32
Line 2: **Social Security #:** 227-72-6839
City, State Zip: E. CLEVEVLAND, OH **Sex:** F
Phone #: (216)268-4172 **Race:** B

Place of Birth: CLEVEVLAND **Citizen of:** USA **Country of Birth:** USA
Height: 5'4" **Weight:** 250 **Eye Color:** BRO **Hair Color:** BLK **Complexion:** BLK **Build:** HVY
Marital Status: S **Highest Grade Completed:** 12 **Read English?** Y **Write English?** Y

Drivers License State: **Religion:** NONE

Committed By: DJFA **Date/Time:** 07/03/2004 **Admission Type:** BA **Shift:** 2
Transported By: PSPE **Arrested By:** PSPE **Gang:** NONE

CHARGES

OFFDATE	CHCODE	CHDESC	CASENUM
7/3/2004 6:46:1	183922A1	THEFT BY DECEP-FALSE IMPRESSIO	CR--82-04
MORF	DEGREE	DISPOSIT	SENDATE
		APH	
MINDATE	MAXDATE	DISDATE	COMDATE HEARDATE
			7/3/2004 6:40 7/12/2004 12

JUDGE DJFA

NOTE 5,000 STRAIGHT 7/12/04 3:00PM ABATE

OFFDATE	CHCODE	CHDESC	CASENUM
7/3/2004 6:46:1	184106A1II	USE CR CARD W/O AUTHOR	CR--82-04
MORF	DEGREE	DISPOSIT	SENDATE
		APH	
MINDATE	MAXDATE	DISDATE	COMDATE HEARDATE
			7/3/2004 6:40 7/12/2004 12

JUDGE DJFA

NOTE SEE ABOVE

BONDS

Bond Amount 5,000.00

Grand Total of all Bonds: **5,000.00**

COMMONWEALTH OF PENN VANIA
COUNTY OF: ERIE

Mag. Dist. No.:

06-3-02

DJ Name: Hon.

FRANK ABATE, JR.
 Address: **10300 WEST MAIN ROAD**
P.O. BOX 8
NORTH EAST, PA
 Telephone: **(814) 725-9693**

16428-0008

ERIE COUNTY PRISON
1618 ASH ST
ERIE, PA 16503

COMMONWEALTH OF
PENNSYLVANIA

VS.

DEFENDANT:
SHURNEY, TANIHELLE L.
1262 BRACKLAND UP
CLEVELAND, OH 44108

NAME and ADDRESS

Docket No.: **CR-0000082-04**
 Date Filed: **7/03/04**
 OTN: **L 199405-3**
 Date of Birth: **4/12/72**
 SSN: **227-72-6839**



Charge(s):

S 18 §3922 SSA1 THEFT BY DECEPTION
S 18 §4106 SSA1II ACCESS DEVICE FRAUD

To ANY AUTHORIZED PERSON of the above named County of this Commonwealth:
 You are hereby commanded to convey and deliver into the custody of the Keeper of the county prison the
 above named defendant. You, the Keeper are required to receive the defendant into your custody to be
 safely kept by you until discharged by due course of law for:

A PERIOD OF _____ DAYS UNTIL _____

A HEARING AT

Date: 7/12/04	Place: DISTRICT COURT 06-3-05
Time: 3:00 PM	8900 OLD FRENCH RD.
	SUITE 110
	ERIE, PA 16509

A FURTHER HEARING

Date:	Place:
Time:	

COMMON PLEAS COURT ACTION

OTHER: _____

CURRENT AMOUNT OF BAIL: **5,000.00** STRAIGHT BAIL

COMMITMENT REASON: **BAIL NOT POSTED**

Witness my hand and official seal this 2 day of July, 2006.

My commission expires first Monday of January, **2006**.



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **ERIE**

Mag. Dist. No.:	06-3-02
DJ Name: Hon.	
FRANK ABATE, JR.	
Address: 10300 WEST MAIN ROAD	
P.O. BOX 8	
NORTH EAST, PA	
Telephone: (814) 725-9693	16428-0008

TANIELLE L. SHURNEY
1262 BRACKLAND UP
CLEVELAND, OH 44108

CERTIFICATE TO FACILITATE BAIL

COMMONWEALTH OF
PENNSYLVANIA

VS.

DEFENDANT: **SHURNEY, TANIELLE L.**
NAME and ADDRESS
1262 BRACKLAND UP
CLEVELAND, OH 44108

Docket No.: **CR-0000082-04**
Date Filed: **7/03/04**
OTN: **L 199405-3**



DEFENDANT NAME: **SHURNEY, TANIELLE L.**

Charge(s):

S 18 §3922 SSA1 THEFT BY DECEPTION
S 18 §4106 SSA1III ACCESS DEVICE FRAUD

PLACE OF DETENTION: **ERIE COUNTY PRISON** *TANIELLE*
(Name)
1618 ASH ST
(Address)
ERIE, PA 16503

AMOUNT OF BAIL (if set): **5,000.00**

STRAIGHT BAIL

BAIL MUST BE POSTED BEFORE:

**POLICE
CRIMINAL COMPLAINT**

COMMONWEALTH OF PENNSYLVANIA	
COUNTY OF:	ERIE

Magisterial District Number: 06-3-05
 District Justice Name: Hon. James J. DWYER
 Address: 8900 Old French Rd
 Erie, PA 16509

Telephone:

Docket No:	
Date Filed:	
OTN:	L199405-3

**COMMONWEALTH OF PENNSYLVANIA
VS.
DEFENDANT:**

Tanielle L SHURNEY
 12626 Brackland Up
 Cleveland, OH 44108

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Unknown	Defendant's Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Defendant's D. O. B. 04/12/1972	Defendant's Social Security Number: 227-72-6839	Defendant's SID (State Identification Number)
Defendant's A.K.A (also known as)		Defendant's Vehicle Information Plate Number State Registration Sticker (MM/YY)	Defendant's Driver's License Number State OH	RP839298
Complaint/Incident Number E01-1097681	LiveScan Tracking Number	Complaint/Incident Number if other Participants		UCR/NIBRS Code

Office of the Attorney for the Commonwealth Approved Disapproved because: _____
 (The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. Pa.R.Crim.P.507.)

(Name of Attorney for Commonwealth)

(Signature of Attorney for Commonwealth)

(Date)

I, TPR. SEAN PIERCE
(Name of Attorney)08961/00543369
(Officer/Badge Number/I.D.)of the Pennsylvania State Police, Troop E - Erie Station
(Agency Represented)2500
(Police Agency or ORI Number)E01-1097681
(Submitting Agency Case Number (OCN))

do hereby state: (check appropriate box)

1. I accuse the above named defendant who lives at the address set forth above
- I accuse the defendant whose name is unknown to me but who is described as
- I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at
8050 Peach St, Erie, PA 16509 Summit Twp.
 (Place-Postal Subdivision)

in ERIE County on or about 07/03/04 at 1357hrsParticipants were: (if there were participants, place their names here, repeating the name of the above defendant)
Tanielle L SHURNEY

Lab user fee applies
 AOPC-412SPA (7/3/2003)

**POLICE
CRIMINAL COMPLAINT**

Defendant's Name:	Tanielle L SHURNEY
Docket Number:	



2. The acts committed by the accused were:

CC 3922(a)(1) Theft by Deception, M1,

IN THAT, on or about said date, THE DEFENDANT intentionally obtained or withheld property, namely, deprived the hotel of \$198.79 for cost of room, belonging to Econo Lodge, by creating or reinforcing a false impression, namely using a stolen credit card to cover the purchase price of the hotel room, in violation of Section 3922(a)(1) of the PA Crimes Code.

CC 4106(a)(1)(ii) Access Device Fraud, M1,

IN THAT, or about said date, THE DEFENDANT did use an access device to obtain or attempt to obtain accommodations at the Econo Lodge located at 8050 Peach St. Erie, PA 16509, with knowledge that the access device was issued to another person, namely, Tonya Y TRAYLOR of 10039 Delores, Streetsboro OH , who did not authorize its use, in violation of Section 4106(a)(1)(ii) of the PA Crimes Code.

AFFIDAVIT OF PROBABLE CAUSE

The accused did try to use a stolen credit card, MasterCard account# 5449270911030937 to gain accommodations at the Econo Lodge located at 8050 Peach St Erie, PA 16509. The accused then went to the Econo Lodge on 07/03/04, and signed for the room under the name SHURNEY, Tanielle attempting to pay for the room by using a credit card that did not belong to her.

all of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of

- | | | | |
|----|--|--------------|-----------------|
| 1. | <u>3922(a)(1)</u> of the <u>Title 18, PA Crimes Code</u> | <u>1</u> | <u>M1</u> |
| | (Section/SubSection) | (PA Statute) | (count) (grade) |
| 2. | <u>4106(a)(1)(ii)</u> of the <u>Title 18, PA Crimes Code</u> | <u>1</u> | <u>M1</u> |
| | (Section/SubSection) | (PA Statute) | (count) (grade) |
| 3. | <u>_____</u> of the <u>_____</u> | <u>_____</u> | <u>_____</u> |
| | (Section/SubSection) | (PA Statute) | (count) (grade) |
| 4. | <u>_____</u> of the <u>_____</u> | <u>_____</u> | <u>_____</u> |
| | (Section/SubSection) | (PA Statute) | (count) (grade) |

3. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made. (In order for a warrant of arrest to issue, the attached affidavit of probable cause must be completed and sworn to before the issuing authority.)

4. I verify that the facts set forth in the complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. §4904) relating to unsworn falsification to authorities.

July 3, 2004, _____
TMR SAR Reece
(Date) (Signature of Affiant)

AND NOW, on this date, _____ I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed in order for a warrant to issue.

SEAL

(Magisterial District)

AOPC-412SPB (7/3/2003)

(Issuing Authority)

Erie County Department of Corrections - Location: MAIN

Seized Property Receipt

Date: 07/03/2004 20:47

Booking#: 2004-29310

PCP#: 21758

Name: SHURNEY, TANIELLE LATRICE

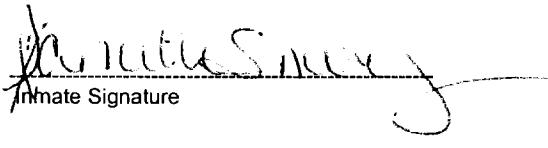
Section: 18TH STREET

Block: A/R

Cell: 01

Bed: HOLD

Qty Description	Color	Property#	Warehouse	Location	Confiscation Date
Facility: MAIN					
1 SHIRT		599	PROPERTY ROOM	BAG 599	07/03/2004
1 PANTS		599	PROPERTY ROOM	BAG 599	07/03/2004
1 SHOES		599	PROPERTY ROOM	BAG 599	07/03/2004
1 BRA AND PANTIES		599	PROPERTY ROOM	BAG 599	07/03/2004
2 PHOTO ID'S (ONE IS NOT HERS)		599	PROPERTY ROOM	BAG 599	07/03/2004
1 EARRINGS		599	PROPERTY ROOM	BAG 599	07/03/2004
1 HAIR TIE		599	PROPERTY ROOM	BAG 599	07/03/2004


Inmate Signature

Witness Signature

Page 1 of 1

Erie County Department of Corrections - Location: MAIN

Today's Date: 02/27/2006

Page 1 of 1

Last Name	First Name	Middle Name	Affix	Booking#	Permanent ID#	Social Security#	State ID#
SHURNY	TANIELLE	LATRICE		2004-29310	21758	277-72-6839	OHB940595

Erie County Department of Corrections - Location: MAIN

Today's Date: 02/27/2006

Initial Classification

Page 1 of 2

Inmate Name		Inmate Housing Area						
Last Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
SHURNEY	TANIELLE	LATRICE						2004-29310
Date of Birth:	04/12/1972	Sex: F	Race: B	Booking Date: 07/03/2004	PCP#: 21758	SS#: 277-72-6839		

Date of Initial Classification	07/06/2004	Initial Classification Result	GENERAL POPULATI	Officer JASAJ
Date of 1st Review	08/05/2004	Override Classification Result		Override Officer
Date of 2nd Review	09/04/2004	Reason for Override		

Category	SEVERITY OF CURRENT CHARGES/CONVICTIONS	Notes	
		Logical Answer:	Numeric Answer:
LOW (0)			
MODERATE (2)			Inmate here on theft related charges.
HIGH (5)			
HIGHEST (7)			

Category Summary of Questions 1-3	Logical Answer:	Numeric Answer: 0
Total Score 7 or above (50)		

Category Total 1-5 =<5 (w/Pending Dispositions- General Pop)	Logical Answer:	Numeric Answer: 4
Current Total Under 5 - GP (4)		Pnd theft related charges.

Category SERIOUS OFFENSE HISTORY	Logical Answer:	Numeric Answer: 0
LOW (0)		
MODERATE (2)		
HIGH (4)		
HIGHEST (7)		Reports no past incarceration hx.

Category INSTITUTIONAL DISCIPLINARY HISTORY	Logical Answer:	Numeric Answer: 0
NONE OR MINOR MISCONDUCTS (0)		
ONE OR MORE MAJ. MISCOND. (3)		Reports no past incarceration hx.

Category ESCAPE HISTORY	Logical Answer:	Numeric Answer: 0
NO ESCAPE OR ATTEMPTS (0)		
WALKAWAY (3)		Reports no past incarceration hx.
ESCAPE OR ATTEMPT MED/MAX (7)		

Category Special Management Concerns	Logical Answer:	Numeric Answer: 0
Physical Impairment		

Category PRIOR ASSAULT FELONY CONVICTIONS Exclude Curr	Logical Answer:	Numeric Answer: 0
NONE (0)		
ONE (2)		Reports none.
TWO OR MORE (4)		

Category ALCOHOL/DRUG ABUSE	Logical Answer:	Numeric Answer: 0
NO SOCIAL,ECONOMIC OR LEGAL PB		
ABUSE RESULTING IN S/E/L PROB		
ABUSE RESULING IN AGGRESSIVE		

Erie County Department of Corrections - Location: MAIN

Today's Date: 02/27/2006

Initial Classification

Page 2 of 2

Inmate Name	Inmate Housing Area										
Last Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#			
SHURNEY	TANIELLE	LATRICE						2004-29310			
Date of Birth:	04/12/1972	Sex:	F	Race:	B	Booking Date:	07/03/2004	PCP#:	21768	SS#:	277-72-6839

Date of Initial Classification	07/06/2004	Initial Classification Result	Officer
Date of 1st Review	08/05/2004	Override Classification Result	Override Officer
Date of 2nd Review	09/04/2004	Reason for Override	

Catagory	Special Management Concerns	Logical Answer:	Notes
Administrative Segregation		Numeric Answer: 0	Reports no keep separates.
Other			Reports alcohol use only w/in the past 30 days. No w/d.
Protective Custody		No.	
Psychological Impairment		No.	
Mental Deficiency		Reports no MH hx.	
Escape Risk		Reports no risk.	
Serious Violence Threat		No.	
Known Gang Affiliation		Reports no gang affiliation.	
Substance Abuse Problem		Reports being a casual drinker on weekends, alcohol only.	
Known Management Problem		Reports no past incarceration hx.	
Suspected Drug Trafficker		No.	
Suicide Risk		Reports no present ideation, no past suic hx reported.	
Medical Problems		Reports no medical hx.	

Catagory	Custody Override Justification	Logical Answer:	Numeric Answer:
Mandatory Sentence			0
No Bed Space Available			
Pending Litigation			
Prohibitive Detainers			
Protective Custody			
Serious Doubts of Adjustment			
Sexual History			
Time Served on Sentence Rqmnts			
Voluntary Protective Custody			

General Notes	Total Score	6
---------------	-------------	---

Inmate here on pending theft charges. Reports no other incarcerations. Reports no medical or MH hx. Inmate hopes to bond out today. Will house in GP.

CERTIFICATION OF BAIL AND DISCHARGE		OTN # 1994053	POLICE CASE NO.	D.J. NO.
COMMONWEALTH VS. (Defendant Name and Address)		C.P. TERM & NO.	DATE OF CHARGE(S)	
PENANILL SHURNEY <i>3411 6th 115 E. Cleveland Dr. 44112</i>		CHARGE(S): THEFT BY DECEPTION USE CREDIT CARD w/o AUTHORIZATION		
<input type="checkbox"/> ROR (no surety) <input checked="" type="checkbox"/> Bail (total amount set, if any) \$ 5000—straight <input type="checkbox"/> Conditions of Release (aside from appearing at court when required)		<input type="checkbox"/> Nominal Bail DATE AND TIME 7/12/04 3PM NEXT COURT ACTION LOCATION TO: <input type="checkbox"/> Detention Center <input type="checkbox"/> Other I hereby certify that sufficient bail has been entered. <input type="checkbox"/> By the defendant <input checked="" type="checkbox"/> On behalf of the defendant by: John Bates Bail USA <small>(Name & Address of Surety)</small> <small>(License No.)</small>		
SECURITY OR SURETY (IF ANY) <input checked="" type="checkbox"/> Surety Company RAIL USA <input type="checkbox"/> Professional Bondsman <input type="checkbox"/> Realty <input type="checkbox"/> Other		JUDGE OR ISSUING AUTHORITY APPEARANCE OR BAIL BOND THIS BOND IS VALID FOR THE ENTIRE PROCEEDINGS AND UNTIL FULL AND FINAL DISPOSITION OF THE CASE INCLUDING FINAL DISPOSITION OF ANY PETITION FOR WRIT OF CERTIORARI OR APPEAL TIMELY FILED IN THE SUPREME COURT OF THE UNITED STATES.		
DISCHARGE THE ABOVE NAMED DEFENDANT FROM CUSTODY IF DETAINED FOR NO OTHER CAUSE THAN THE ABOVE STATED. Given under my hand and the Official Seal of this Court, this <u>9</u> day of <u>July</u> , <u>2004</u> . <u>D. Bates</u> (Signature) <small>(Clerk of Court or Issuing Authority)</small> (SEAL)				
PLACE ON RETENTION				

Erie County Department of Corrections - Location: MAIN

Section: 18TH STREET

Released Property Receipt

Block: AA

Date: 07/09/2004 10:35

Cell: 30

Book#: 2004-29310

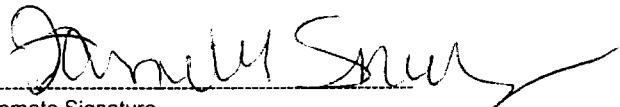
Bed: TOP

PCP#: 21758

Name: SHURNEY, TANIENNE LATRICE

Qty Description	Color	Prop ID	Released On	Released To	Rel How
Facility: MAIN					
1 PRISON UNIFORM		599	07/09/2004		
1 T-SHIRT		599	07/09/2004		
2 PANTIES		599	07/09/2004		
1 NIGHT SHIRT		599	07/09/2004		
1 INMATE HANDBOOK		599	07/09/2004		
1 BRA		599	07/09/2004		
1 SANDALS		599	07/09/2004		
1 SHIRT		599	07/09/2004		
1 PANTS		599	07/09/2004		
1 SHOES		599	07/09/2004		
1 BRA AND PANTIES		599	07/09/2004		
2 PHOTO ID'S (ONE IS NOT HERS)		599	07/09/2004		
1 EARRINGS		599	07/09/2004		
1 HAIR TIE		599	07/09/2004		

By my signature, I agree that the above list of property was returned to me.



Inmate Signature

Witness Signature

Page 1 of 1

Inmate: SHURNEY, TANIELLE LATRICE

Booking #: 2004-29310

Permanent ID: 21758

Release Verification Information

Release Shift 1

Date and Time of Release 07/09/2004 10:35

Release Officer# DELINSKI STEVE

Days Served this Sentence 7

Release Information

Releasing Authority CLERK OF COURTS

Release Type BY BAIL

Released in Custody of BONDSMAN

Release Identity Check Information

NCIC Check Done Yes

NCIC Check Result Negative

Image Verified Yes

Verifying Officer ID# DELINSKI STEVE

ADMISSION DATA

Date: 7-3-04 SS#: 277-72-6839 Inmate I.D.#: _____
 Inmate: Tany Shurney, Tanielle L.
 (last) (first) (middle initial)
 Alias: _____
 Birthdate: 4-12-72 Speak English Y N

MEDICAL HISTORY

Health Insurance Y N Type/# _____
 Family Physician Y N Name: _____
 Allergies Y N What? _____
 Childhood Immunizations Y N Tetanus Y N
 Current Medications: none
 Head Injury w/loc Y N When _____
 Tuberculosis:

- 1) Have you ever been tested for TB? Y N 4) Has anyone in your immediate household
 2) Have you ever been tested + positive for TB ? Y N Tested + positive for TB ?
 Y N When 102 Y N
 3) Have you ever had a prolonged productive cough Y N metro Health | yr.
 • Hemoptysis Y N Cleveland, OH • Night Sweats Y N
 • Night sweats (soaking) Y N If any yes: When _____
 If any yes: When _____

Past Hospitalization Y N For what _____ Surgery Y N What _____

MENTAL HEALTH EVALUATION

Hospitalization for mental health reasons Y N If Yes, Why? _____

Where _____ When _____
 (location) (street) (city) (state) (zip) (date)

Meds for Mental Health Reasons (Specify Type & Last Dose) none

Prior Counseling/Out-Patient Treatment for denies

Where _____ When _____
 (location) (street) (city) (state) (zip) (date)

Have you ever attempted suicide? denies How _____ When _____ (date)

Are you thinking of suicide now? Y N

Street Drugs Y N Type-Quantity _____

How often _____ How long _____ Smoker denies Etoh occas.

Orientation (person, Place, Time) Apt X3

General appearance (motor behavior, mannerisms) _____

Affect (mood) _____

Notify in Emergency	<u>Tany Shurney</u> (Name)
<u>sister</u> (Relationship)	
Address	
(street)	
(state)	
(zip)	

Phone 216-268-0336

IF INTAKE SCREENING REFUSED

inmate's signature	date
interviewer's signature	date
witness	date

MEDICAL HISTORY AND PHYSICAL ASSESSMENT

Inmate's Name _____
(Last) (First) (M.I.)

HISTORY

Problems	Yes	No	Problems	Yes	No
1. Vision		✓	23. Gall Bladder		
2. Hearing			24. Liver		
3. Balance/Dizziness			25. Hepatitis		
4. Blackouts			26. Diabetes		
5. D.T.'s			27. Kidney Disease		
6. Headaches			28. Bladder Infection		
7. Seizures			29. Trouble Voiding		
8. Nervous Disorder			30. Pediculi (lice)		
9. Throat			31. Gonorrhea		
10. Teeth			32. Syphilis		
11. Asthma			33. Muscle Problem		
12. Hay Fever			34. Joint Problem		
13. Pneumonia			35. Arthritis		
14. Tuberculosis			36. Other:		
15. Heart			Menstrual Period:		✓
16. Hypertension			Regular		✓
17. Anemia			Irregular		
18. Blood			Duration Days		
19. Stomach Pain			LMP		now
20. Heartburn			Gravida/Para		3/3
21. Ulcer			Last Pap		?
22. Nausea/vomiting					*

Temp. 97.7 Pulsed 80 BP 136/84
Ht. 5'4" Wt. 250 Respiration 18

Ht. 5'9 Wt. 250 Respiration 18

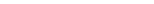
Comments:

LABORATORY TESTS

 TINE / PRD VDRS	<u>defer</u> Date/Initial 7-3-04 past (+)	Results mother had T.B.
	Patient Education	
	on screen	
	at physical	

TINE / PRD
WDR

* I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for professional services to be provided to me by and through Prison Health Services.


Inmate's Signature

Date

M. Hawey Jr
Interviewer's Signature

7.3.04 1800

Date _____

Examiner's Signature

Date

Nurse Note

Date / Time Inmate's Name Shirley Tamie Room No. 101 D.O.B.: 4-12-77

7/31/04 (D) - VSS. Not on meds, no ClO_2 .
1830 (A) - Admission. PBO planted (R) FA.
(B) - fl/u pen. *J. Hawley*